



E1135
JACC March 12, 2013
Volume 61, Issue 10



Chronic CAD/Stable Ischemic Heart Disease

ASSOCIATION BETWEEN PLATELET AGGREGATION AND MENTAL STRESS INDUCED MYOCARDIAL ISCHEMIA: RESULTS FROM THE REMIT TRIAL

Poster Contributions

Poster Sessions, Expo North

Saturday, March 09, 2013, 10:00 a.m.-10:45 a.m.

Session Title: Mental Stress on the Heart

Abstract Category: 10. Chronic CAD/Stable Ischemic Heart Disease: Clinical

Presentation Number: 1108-61

Authors: *Robert W. Harrison, Richard Becker, Thomas Ortel, Maggie Kuchibhatla, Stephen Boyle, Zainab Samad, Eric Velazquez, Jennifer Wilson, Cynthia Kuhn, Redford Williams, Christopher O'Connor, Wei Jiang, Duke University Medical Center, Durham, NC, USA*

Background: Mental stress can induce ischemia in patients with coronary artery disease. The purpose of this study was to determine if susceptibility to mental stress induced myocardial ischemia (MSIMI) is associated with differential platelet reactivity.

Methods: Coronary heart disease patients enrolled in the NIH-funded REMIT study underwent assessment of platelet aggregation in response to epinephrine, collagen, ADP, each agonist with serotonin, and serotonin alone at rest and immediately following mental stress testing. MSIMI was defined by a decrease in left ventricular (LV) ejection fraction $\geq 8\%$ in response to all three mental tasks or a new wall motion abnormality during any mental task. Generalized linear models were used to test for an association between MSIMI and changes in platelet aggregation following mental stress.

Results: Baseline characteristics were similar between the 100 subjects with MSIMI and the 49 subjects who had normal LV response (NLVR) to mental stress, except there were more women in the MSIMI cohort (18% vs. 4%, $p < 0.05$). Overall, 97% were on aspirin and 45% were on additional antiplatelet therapy. Pre-stress platelet aggregation was similar between the MSIMI and NLVR cohorts. Mental stress, however, induced greater platelet aggregation in patients with MSIMI compared to patients with NLVR (Table).

Conclusion: Significantly higher mental stress induced platelet aggregation in patients with MSIMI could be responsible, in part, for their tendency to experience MSIMI.

Table: Change, from baseline, in percent platelet aggregation following mental stress

Agonist	NLVR (N = 49)	MSIMI (N=100)	p-value
Epinephrine 10 μ M	-0.33 (1.23)	2.55 (0.86)	0.06
Collagen 10 μ M	-3.35 (2.03)	1.93 (1.42)	0.04
ADP 5 μ M	-0.90 (1.55)	2.48 (1.07)	0.08
5HT 10 μ M	-0.60 (1.06)	1.38 (0.74)	0.13
5HT 10 μ M + epinephrine 2 μ M	-2.26 (1.83)	0.70 (1.27)	0.19
5HT 10 μ M + collagen 2 μ M	-9.49 (2.09)	-6.67 (1.45)	0.27
5HT 10 μ M + ADP 1 μ M	-5.43 (1.60)	1.98 (1.11)	0.0002

Data are presented as least squares mean and standard error of the mean after adjustment for gender and baseline platelet aggregation. Abbreviations: 5HT, serotonin; ADP, adenosine diphosphate; NLVR, normal left ventricular response; MSIMI, mental stress induced myocardial ischemia.